CHECK ONE:		FORM STATEMENT
		DR-1 OF
This is an Initial* Statement of Organization This is an amended* Statement of Organization	Reset Form	(Rev. 8/2011) ORGANIZATION
* Statement must be filed within 10 days of committee accepting contribution	and making a second it	For Office Use Only
INCOMME GOVERNMENT OF THE PROPERTY OF THE PROP	of a abana	Comm. # 19102
ETTERIVE January 1, 2011, ONLY county/local committees with less than \$2	000 in compoint activity	Indexed
Using these forms. All other committees must file their statements and repo	orts electronically.	Computer
COMMITTEE MANE		
GOMMITTEE NAME (A candidate's committee must include the But old name in ().	e candidate's last name in the name of	f the committee.) If amending committee name
par ord name in ().		, and a second second
Kent for Rece	NOV	
Men 10. Men	or acco	2
IMPORTANT: Indicate type of committee you are reporting for:		
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) (5) County Candidate (6) City Candidate (7) School Board or Other I)Statewide PAC (3)State Party (4)County Central Committee
(5) County Candidate (6) City Candidate (7) School Board or Other F (10) School Board or Other Political Subdivision PAC (11) Ballot Issu	Political Subdivision Candidate (8)County PAC (9)City PAC
		The second second
Name	COMMITTEE CHAIR (mand	atory except for a candidate's committee)
LISO Klut	Name ↓ ↓	P CCS
Mailing Address + + COLON 70+6 Are	Mailing Address ↓ ↓	- Op
2104 10 1100	Mailing Address + +	io Sa
Gity, State + A Zip Code - IA 52530	City, State ↓ ↓ Zip Code ↓ ↓	N IT
ALC: OC		
Phone (U4) 437.5411	Phone ()	
Le-Mail Ibi Kent @ iowa telecanire		
INDICATE PURPOSE OF COMMITTEE Charles Day IV	e-Mail	
INDICATE PURPOSE OF COMMITTEE - Check One Box Adv	ocate for/against candidate(s)	dvocate for ballot issue(s)
All Candidates Enter: V 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	County/Local Candidates	dvocate against ballot issue(s) nd Ballot Issue Committees Enter:
Office Sought: Klearder	County/Local Calididates a	nd Ballot Issue Committees Enter:
Pelitical Party (if applicable)	County:	apello
	(If active in multiple ballot issu	ue elections, attach list of counties
District:	Date of Election:	19/2013
Pear Standing for Election: Bank Account Name (must match committee name)		1 1 2 1 3
(must matter (must matter committee name)	Candidate name & Address or Pa	arent Entity (PACs, if applicable),
ALL DALLARION PYDDINGS	A A	ffiliate, or Sponsor
Name of Financial Institution/type of Account	- LIDGIKEN	+
Name of Financial Institution/type of Account	Mailing Address ↓ ↓	.1 0
- Paid from personal funds	59104	TOTE ATA
Mailing Address ↓ ↓	City 1	State ↓ ↓ Zip ↓ ↓
	Na DINCO	TA 220
©ity ↓ ↓ State ↓ ↓ Zip ↓ ↓	- Merring	JN 5000
Giale 4 4 Zib 4 4	Phone ()(M) 4.5%-	5411
	041	
	11-12	+ + (D) Dring to Locale
	e-Mail b Ke	ut@rruaklecum,
STATEMENT OF AFFIRMATION: By filing this document the committee offi		ut@rvuaklecum,
STATEMENT OF AFFIRMATION: By filing this document the committee affir	ms the following:	net
STATEMENT OF AFFIRMATION: By filling this document the committee affirm. 1. The committee and all persons sennested with the committee understand that rules in Chapter 351 of the Iowa Administrative Code.	ms the following:	net
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FORM

STATEMENT

FOR INSTRUCTIONS, SEE BACK OF FORM